

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF KANSAS

In re:

Debtor(s)

)
) Case No.
) Chapter 11
)
)
)

MONTHLY REPORT

FOR MONTH OF _____, 20____

CASE NAME: _____

CASE NO: _____

CHAPTER 11
MONTHLY REPORTING AFFIDAVIT

For Month of _____, 20____.

1. Provide the following information regarding salaries/wages paid/due.

Gross amount of executive salaries paid _____

| Name | Title | Amount |
|-------|-------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Gross amount of other wages paid _____

Were any wages/salaries due but not paid for this current month?

YES _____ NO _____ If yes, provide the employee's name and title and amount due. _____

2. Provide the following information regarding taxes paid/due.

Are all post-petition federal and state taxes paid or deposited for the period? YES _____ NO _____

Provide dollar detail of taxes for this period.

| Type of Tax | Amount due for Month | Taxes paid during Month |
|---------------------------|-------------------------|----------------------------|
| | | Ck.# Date Amount |
| Federal withholding | _____ | _____ |
| FICA withholding | _____ | _____ |
| Employer's FICA | _____ | _____ |
| State withholding | _____ | _____ |
| Sales tax | _____ | _____ |
| Other taxes (Describe) | _____ | _____ |

Attach photocopies of IRS form 6123 and similar receipt from the state taxing authority to verify the deposits or payments.

CASE NAME: _____
CASE NO.: _____

CHAPTER 11
MONTHLY REPORTING AFFIDAVIT

For Month of _____, 20____.

3. Does all insurance coverage remain in effect? YES _____ NO _____

| <u>Type</u> | <u>Carrier</u> | <u>Policy #</u> | <u>Exp. Date</u> |
|-----------------------|----------------|-----------------|------------------|
| Property damage | | | |
| Liability | | | |
| Workers' compensation | | | |
| Others | | | |

4. Do all required licenses remain in effect? YES _____ NO _____

| <u>Description</u> | <u>Renewal date</u> |
|--------------------|---------------------|
| | |
| | |
| | |

5. List debts incurred which have not been paid.
(i.e., utility bills, repair bills, professional fees)

| <u>Date Incurred</u> | <u>Creditor</u> | <u>Purpose</u> | <u>Amount</u> |
|----------------------|-----------------|----------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

TOTAL _____

CASE NAME: _____
CASE NO.: _____

CHAPTER 11
MONTHLY REPORTING AFFIDAVIT

For Month of _____, 20____.

6. Check [x] that the following forms are attached:

Receipts and Disbursements Statement _____

Income Statement _____

Balance Sheet (Quarterly only) _____

Copy of bank statement(s) _____

Form 6123 _____

Copy of Chapter 11 Quarterly Fee
Payment Report (include for
month during which fee is paid) _____

I (we) declare under penalty of perjury that this Report and attached Statements are true and correct to the best of my (our) knowledge and belief.

DATED: _____ DEBTOR: _____ *

CO-DEBTOR: _____ **

* This report must be signed by an individual having sufficient knowledge of the facts to make a truthful and full statement.

** If this is a joint petition, both husband and wife must sign.

NOTE: This Report and attached Statements are due for each calendar month period from time of filing petition (first report will be for a short period) until the case is dismissed, converted or a plan is confirmed. The report is due the 15th of the month following the reporting period. (i.e., the January report is due February 15th)

CASE NAME: _____
CASE NO: _____

CHAPTER 11
INCOME STATEMENT

For month of _____, 20____

| | | |
|---|----------|----------|
| Gross sales | \$ _____ | |
| Less: Returns and allowances | _____ | |
| Net sales | | \$ _____ |
| Cost of goods sold | | |
| Beginning inventory (a) | _____ | |
| Plus: Purchases (b) | _____ | |
| Total goods available (a) + (b) | _____ | |
| Less: Ending inventory (c) | _____ | |
| Total cost of goods sold (a) + (b) - (c) | | _____ |
| Other income (itemize) | | _____ |
| Total income | | _____ |
| Expenses: | | |
| Wages | _____ | |
| Professional fees (i.e., attorney, accountant appraiser, etc.) | _____ | |
| Insurance | _____ | |
| Interest expense | _____ | |
| Rent | _____ | |
| Payroll taxes | _____ | |
| Real estate taxes | _____ | |
| Other taxes _____ | _____ | |
| Other operating expenses (Attach detail) | _____ | |
| Personal expenses (attach detail) | _____ | |
| Total expenses | | _____ |
| Net income/(loss) before depreciation and extraordinary items | | _____ |
| Depreciation/amortization expense | | _____ |
| Extraordinary items (itemize) | | _____ |
| _____ | | _____ |
| _____ | | _____ |
| _____ | | _____ |
| Net income/(loss) | | \$ _____ |

CASE NAME: _____
CASE NO: _____

CHAPTER 11
RECEIPTS AND DISBURSEMENTS STATEMENT

For month of _____, 20____

- | | | | |
|----|--|-------|----------|
| 1. | BEGINNING checkbook balance | | \$ _____ |
| 2. | Cash receipts for the month | | |
| | Collection of accounts receivable | _____ | |
| | Cash sales | _____ | |
| | Salary | _____ | |
| | Proceeds from loans | _____ | |
| | Government Payments | _____ | |
| | Other (interest, dividends, gifts) | _____ | |
| | TOTAL cash receipts for the month | | _____ |
| 3. | Cash disbursements for the month | | |
| | Per attached list of disbursements | _____ | |
| | Other _____ | _____ | |
| | _____ | _____ | |
| | _____ | _____ | |
| | TOTAL cash disbursements for the month | | _____ |
| 4. | ENDING checkbook balance (1+2-3) | | \$ _____ |

CASH SUMMARY - end of month

| | <u>Account No. or location</u> | |
|------------------------------------|--------------------------------|----------|
| Petty cash | _____ | \$ _____ |
| Regular checking | _____ | _____ |
| Tax account | _____ | _____ |
| C. D. | _____ | _____ |
| Other | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| Total (should agree with 4. above) | | \$ _____ |

NOTE: A copy of a bank statement from each bank account and a reconciliation between the statement and your checkbook must accompany this statement.

CASE NO. : _____

LIST OF DISBURSEMENTS

AMOUNTThis image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be from a notebook or a standard sheet of stationery. There is no handwriting or other markings on the page.

BANK RECONCILIATION

CASE NAME: _____
CASE NO.: _____

BANK: _____
MONTH OF: _____

Balance per bank statement
dated _____, 20__

(1) _____

Add:
Deposits in transit

| | | |
|------------------|-----------|--|
| Total in transit | (2) | |
| Total | (1) + (2) | |

Less:
Checks outstanding

Total outstanding (3)

Bank balance - reconciled (1) + (2) - (3) _____
(Will equal ending checkbook balance reported on
Receipts and Disbursements Statement)

CHECKS OUTSTANDING

[illegible]

CASE NAME: _____
CASE NO.: _____

CHAPTER 11
BALANCE SHEET

As of _____, 20____

ASSETS:

Current:

| | | |
|-------------------------------|-----------|----------|
| Cash on hand and in bank | | \$ _____ |
| Accounts Receivable - Trade * | _____ | |
| Less: Estimated Bad Debts | (_____) | |
| Receivables - Owners * | | _____ |
| - Related companies | | _____ |
| - Related individuals | | _____ |
| Inventory | | _____ |
| Retainer paid - cash | _____ | |
| - non-cash | _____ | |
| (Paid to _____) | | _____ |
| Paid on (date) _____ | | |
| Other prepaid expenses | | |
| Other assets (Itemize) | | |
| _____ | _____ | |
| _____ | _____ | |
| _____ | _____ | |

Long-term:

| | | |
|------------------------------------|-------|-----------|
| Investments | | _____ |
| Real estate | | _____ |
| Buildings | | _____ |
| Furniture, fixtures, and equipment | | _____ |
| Less: Accumulated depreciation | | (_____) |
| Other long-term assets (Itemize) | | |
| _____ | _____ | |
| _____ | _____ | |
| _____ | _____ | |

TOTAL ASSETS

\$ _____

* Provide aging detail of accounts receivable below.

Detail of All Accounts Receivable

Related
Parties

Others

0 - 30 days old
31 - 60 days old
61 - 90 days old
Over 90 days old
Total

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

CHAPTER 11
BALANCE SHEET

As of _____, 20__

LIABILITIES AND STOCKHOLDERS' (OWNER'S) EQUITY

Current:

Pre-petition:

Trade accounts payable \$ _____
Accrued expenses payable (Itemize) _____
Notes payable (Itemize) _____
Other current liabilities (Itemize) _____

Post-petition:

Trade accounts payable _____
Accrued expenses payable (Itemize) _____
Notes payable (Itemize) _____
Other current liabilities (Itemize) . _____

Long-term:

Pre-petition

Notes payable - banks (Itemize) _____
Notes payable - other (Itemize) _____
Notes payable - stockholders (owners) _____
Notes payable - related companies or
persons (not owners) _____

Other

Post-petition

Notes payable - banks (Itemize) _____
Notes payable - other (Itemize) _____
Notes payable - stockholders (owners) _____
Notes payable - related companies or
persons (not owners) _____

Other

TOTAL LIABILITIES

\$ _____

STOCKHOLDER'S / OWNER'S EQUITY:

Common stock \$ _____
Preferred stock _____
Paid in capital _____
Retained earnings _____

TOTAL OWNER'S EQUITY

\$ _____

TOTAL LIABILITIES AND EQUITY

\$ _____

Department of the Treasury—Internal Revenue Service
Verification of Fiduciary's Federal Tax Deposit

Do not attach this notice to your return

| | |
|-------------|---|
| To | District Director, Internal Revenue Service Attn: Chief, Special Procedures Function 271 W. 3rd Street N., Ste. 3000 Mail Stop 5333-WIC WICHITA, KS 67202 |
| | Name of Taxpayer |
| From | Debtor in possession, Receiver, or Trustee |
| | Signature and Title of Person authorized by Court Order |
| | Address |

The following information is to notify you of a Federal tax deposit(s) (FTD) as required by the United States bankruptcy court (complete Sections 1 and/or 2 as appropriate):

| | |
|--|--|
| Section 1 Taxes reported on Form 941, Employer's Quarterly Federal Tax Return | FTD Form 8109 coupon or Form 8109-B was submitted to the _____ _____ for the payroll period from _____ to _____ (Bank) |
| | Gross wages paid to employees \$ _____ |
| | Income tax withheld \$ _____ |
| | Social security (Employer's plus Employees' share of social security tax) \$ _____ |
| | Total deposited with FTD Form 8109 coupon or Form 8109-B \$ _____ |
| | Date deposited _____ |
| Section 2 Taxes reported on Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return | FTD Form 8109 coupon or Form 8109-B was submitted to the _____ _____ for the payroll period from _____ to _____ (Bank) |
| | Gross wages paid to employees \$ _____ |
| | Total deposited with FTD Form 8109 coupon or Form 8109-B \$ _____ |
| | Date deposited _____ |

Bank Certification

(Certification is limited to receipt of deposit only)

This certifies receipt of deposits described below for Federal taxes as defined in Circular E, Employer's Tax Guide (Publication 15):

| | | |
|--|-------------------------|-----------------|
| Depositor's Employer Identification Number | Amount (Form 941 Taxes) | Date of Deposit |
| Name and Address of Bank | | Received by |
| Depositor's Employer Identification Number | Amount (Form 940 Taxes) | Date of Deposit |
| Name and Address of Bank | | Received by |